

Municipality: _____

**FY05 Statewide Local Domestic Preparedness
Equipment Grant Program
Response Discipline Agency Identification Form**
(please provide all requested information below for each agency)

III Emergency Medical Services (volunteer & career)

List the name/address of each EMS Unit separately, including the description of the item, quantity, and estimated total cost (please duplicate form for each identified EMS Unit)

Name/address of EMS Unit	Item(s) Description	Q u a n t i t y	Total Cost

	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
	11.		\$
	TOTAL COSTS		\$

[illegible]